

PHOENIX AREA INDIAN HEALTH SERVICE ALCOHOLISM/SUBSTANCE ABUSE PROGRAM WHISPERING WIND

Volume 11, Issue 1

April 2001

Special points of interest:

Publication of Articles

Articles, comments, requests, and letters to Babak Nayeri are welcomed. Articles submitted for publication should be no longer than 3000 words in length, typed, double-spaced, and conform to publication standards. Additional guidelines can be obtained from the publisher at office of A/SAP.

Telephone Number:
(602) 364-5165

Inside this issue:

ADHD Part-II	1-4
Complementary Approach	
Editor's Column: I am listening!	4
CDMIS	5
Bulletin Board & Resources Directory	6

NEXT ISSUE

DATE: OCTOBER 2001

- **WHEN USE BECOMES ABUSE.**
- **I AM LISTENING!**
- **AFTERCARE**

**N
E
X
T

I
S
S
U
E**

Attention Deficit Hyperactivity Disorder-Part II CONTROL THE NIGHTMARE

By: B. Nayeri, ND

This issue will examine some of the drugless and complementary approaches to addressing the needs of children with ADHD related behavioral problems.

Part-I of this article covered the diagnostic criteria for attention Deficit with and without hyperactivity disorder. The differential diagnoses, and the use of stimulant drugs, psychosocial interventions, and parental supportive counseling were also viewed. This issue will examine some of the drugless and complementary approaches to addressing the needs of children with ADHD related behavioral problems.

When talking about alternative and complementary methods of managing Attention Deficit Hyperactivity Disorder, because there are many complex factors facing clinicians, it is important to focus on evaluation and diagnosis. There are other problems that make this disorder difficult to understand. For example, brain injury, some infectious antibodies that affect the brain. [1] In addition, the following may cloud the clinicians' clear view of what may be causing inattention:

- Hormonal imbalances,
- Prescribed Medications,



tions for: allergies, seizures, depression, anxiety,

- Drug use, especially inhalant abuse, are just some of the causes. [2]

These are but a few reasons why a careful and comprehensive evaluation must be recommended in each potential case.

REFERENCES

1. Peterson, PS, Leckman, JF. Preliminary findings of Antistreptococcal Antibody Titers and Basal Ganglia volumes in Tic, Obsessive-compulsive, and Attention-Deficit/Hyperactivity Disorders. *Archives of General Psychiatry* 2000;57:364-372.
2. Corman, CL, Greenberg, LM. All you ever wanted to know about Attention Deficits but didn't know whom to ask... 1997; 4.
3. Slomkowski C, Klein RG, Mannuzza S. Is self-esteem an important outcome in hyperactive children? *J Abnormal Child Psychol* 1995;23:303-15.
4. Arnold L, Abikoff H, Cantwell D, Connors C, Elliott G, Greenhill L, et al. NIMH collaborative multimodal treatment study of children with ADHD (MTA): design challenges and choices. *Arch Gen Psychiatry* 1997;54:865-70.
5. Goldman LS, Genel M, Bezman RJ, Slanetz PJ. Diagnosis and treatment of attention-deficit/hyperactivity disorder in children and adolescents. Council on Scientific Affairs. *American Medical Association. JAMA* 1998;279:1100-7.
6. Barkley, RA. Taking charge of ADHD. *Guilford Press* 1995; 22.
7. Barkley, RA. Taking charge of ADHD. *Guilford Press* 1995; 232.
8. Attention Deficit Hyperactivity Disorder - Questions and Answers. *NIMH* April 19, 2000.

Managing Editor:

Babak Nayeri, ND, MS

Editorial Consultants:

N. Burton Attico, MD, MPH

Eileen J. Lourie, MD, MPH

Colleen Good Bear, MSW, LCSW

Opinions expressed in articles are those of the authors' and do not necessarily reflect those of the Indian Health Service or the Editor.

Epidemiology:

Among many reasons that we are seeing an increase in ADHD cases is our raised awareness, understanding of the disorder and more frequent diagnosis than in the past. It may be of interest to know that recent literature reports that “more than 20% of children with ADHD have set serious fires in their communities, more than 30% have engaged in theft, more than 40% drift into early tobacco and alcohol use, and more than 25% are expelled from high school because of serious misconduct.” It is further reported that adolescents with a diagnosis of ADHD have nearly four times as many auto accidents, are more likely to cause bodily injury in such accidents, and have three times as many citations for speeding than young drivers without Attention Deficit Hyperactivity Disorder. [3]

Questions & Answers:

In addition, in response to the question that many parents have raised on whether children “outgrow” ADHD, the available literature suggests that in 70% of the mild cases, the hyperactivity as part of the behavior either decreases or disappears in teen years or early adulthood. [4] When parents ask if making a diagnosis and treating ADHD at a young age makes a difference, the answer is yes. Children who go untreated may not reap the benefits of experiencing academic, vocational, or social success. Lack of treatment can place the person who has ADHD at a higher risk for developing serious problems like: [5]

- Low self-esteem,
- Excessive caffeine, tobacco and other substance abuse,
- Depression,

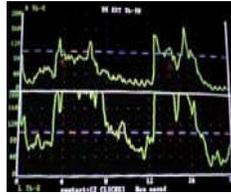


Exercise can be as effective as cognitive behavioral therapy.

TRACHUK, G. AND MARTIN, G.L. EXERCISE THERAPY FOR PATIENTS WITH PSYCHIATRIC DISORDERS: RESEARCH AND CLINICAL IMPLICATIONS. P. PROFESSIONAL PSYCHOLOGY: RESEARCH AND PRACTICE. JUNE 1999, 33, 3275-82

- Anxiety.

We know that successful early intervention can at least eliminate the co-existing problems associated with ADHD, if not eliminate them.



EEG (Brain wave) biofeedback can incorporate video arcade-like features that captures the child/adolescent's attention.

Complementary Approach:

The drugless approach to treating ADHD is another option that is not immune to controversy and criticism. There are a number of evidenced based treatments. Application of adjunctive modalities such as nutrition, exercise, homeopathy, biofeedback, and acupuncture can prove effective when the patient is co-managed by conventional medical and a traditional/alternative practitioner. With this type of arrangement, it is strongly recommended that all practitioners communicate about the treatment that s/he is utilizing to prevent any adverse affects. Further, the outcome of any one or combination of modalities, can be improved by :

- Comprehensive evaluation by a child psychologist.
- Assessment for any co-morbidity.
- Flexibility to change the applied treatment every 2-3 weeks.

It should again be noted that fundamental to any therapeutic approach is a good evaluation. A good child psychologist has the training and skills to do that. As discussed in part-I, there are other conditions that can mimic ADHD. Addressing the co-morbid factors improves the treatment efficacy. Always keep in mind that those afflicted with ADHD have difficulty maintaining their interest in one activity for prolonged periods. This *applies* to treatment too. Parents have related that behavior modification and other psychosocial approaches work for 2 to 3 weeks. Be aware that the child loses interest often. Incidentally, this has nothing to do with smart the child is. Complementary meth-

ods of managing ADHD range from nutritional influences to homeopathic formulas to biofeedback and acupuncture.

In fact, a good number of these kids demonstrate above average intelligence. My suggestion for you is to change modalities at least every two weeks.

Co-Morbidity

Factors that can co-occur with ADHD [8]

1. Oppositional Defiant disorder (up to 70%).^[6]
2. Conduct disorder (15-20%).
3. Language disorders (30-35%).
4. Learning disabilities (15-25%).
5. Mood disorders (15-20%).
6. Anxiety disorders (20-25%).
7. Tic disorders (up to 60%).
8. Sleep disorders more prevalent.
9. Other common Impairments include:
 - Medical problems,
 - Cognitive processing, & memory,
 - Social skills,
 - Modulation of emotional response, e.g., response to discipline; anger.

Nutrition: Some practitioners have placed too much emphasis on the so called sugar high. Additionally, some practitioners prescribe elimination of naturally occurring and added salicylates as well as food additives (see table-I). However, remember that hyperactivity secondary to sugar consumption is very short lived. Further, sugar induced attention and hyperactivity does not meet the ADHD diagnostic criteria. **Homeopathy:** Many children do not respond to common prescriptions that have multiple uses. The benefits of homeopathic remedies are: 1) lack of side effects like stimulant drugs, 2) treats the whole child not just the symptoms, and this approach fosters a natural state of balance for children and adults, 3) longer duration acting whereas Ritalin, lasts only 4 hours, 4) increased compliance, and 5) over time, much more cost-effective. **Biofeedback:** This mechanism helps the trainee gain control of his/her mind-body processes to increase much needed Alpha-state relaxation.

Acupuncture: This is a relatively a risk free treatment that has shown positive results in cases of mild to moderately affected individuals. Clinically, acupuncture can be very effective in reducing hyperactivity, and in promoting concentration as well as cognition.

Psychosocial: Earlier in this article, it was suggested that both the family and providers should be proactive in changing counseling/psychotherapeutic approaches to capture the interest, and thus attention of the ADHD afflicted individual. Techniques most applicable to ADHD are behavioral, cognitive, cognitive-behavioral, play therapy, and family supportive therapies. In working with families it is *most important* to:

- Avoid blaming the parents, that they are bad or inadequate, or that they lack disciplining the child.
- Recognize ADHD as a disease, as a concentration/focus disorder. *Not* as abnormal intelligence.
- Establish a network of parents who have the same issues; ie, 12-step support groups.



PEARL

ADHD kids are able to focus on many things at one time, yet unable to focus on one thing. Sometime, they grow up to be prodigious multi-taskers; ie, Doctors.

- Recognize that parents and families need to be taught how to deal with day-to-day challenges.
- Acknowledge that dinner time is probably the worst time, and help the family realize the need for structure.
- Work with school and teachers to arrange sitting in front row of the class to provide more attention and structure for the student.

Another natural approach is to train the parents and teachers to start a home-based reward program. This method involves a "daily student rating card." Based on the child's behavior at school that day, the parents give or take rewards at home. [7] My suggestion is to take a different approach on the step where you would take away reward. Consider charging the child with giving the parent(s) reward when his/her behavior constitutes a negative consequence. This in a paradoxical way, yet a positive way, would encourage good behavior at school. Taking these steps gives the parents/family members/significant others the much needed affirmation of what they and their patient is going through.

SUMMARY

Much remains to be researched about ADHD. Even how to judge the treatment outcome is vague. For example, studies have suggested that a child's feelings about himself/herself, and their behavior as observed by parents, other siblings and children, and/or teachers do not improve in the same ways or at the same time. I would argue that we need to measure behavioral progress in kids who suffer from ADHD

Table I

Foods containing natural salicylates

1. Almonds
2. Apple-Cider and cider vinegar
3. Blackberries
4. Cherries
5. Cloves
6. Cucumbers
7. Pickles
8. Currants
9. Gooseberries
10. Grapes or raisins
11. Mint flavors
12. Nectarines
13. Oranges
14. Peaches
15. Plums or prunes
16. Raspberries
17. Strawberries
18. Tea
19. Tomatoes
20. Oil of Wintergreen
21. Wine and wine vinegar

using a different methodology. Furthermore, we lack information on the long-term effectiveness and academic achievement of children treated with drugs. Keep in mind that some of the alternative therapies such as:

- Megavitamins,
- Colored contact lenses,
- Special diets, Sugar-free diets,
- Body manipulations

have not yet been proven to work in treatment of ADD/ADHD. There are evidenced-based natural therapies that complement a well monitored and managed conventional treatment. Once again, the most powerful plan of care is one that involves the parents/family/significant others through:

- ◇ Coaching on how-to skills,
- ◇ On-going support groups,
- ◇ Home-based reward program with daily report cards for the student.

There are many resources that can broaden the support that is available to parents/families burdened by this disease. An example is **RAISING Special Kids**. The contact information on this and other resources are listed on page 6 of this publication for your convenient use.

Editor's Column



I am Listening!

At our last two program meetings I heard many of you express the need for a retreat. "Some time" just for those of you who work so hard in the trenches, to re-group and promote your own salubrity (wellness). Subsequently, in tribute to all of you who have devoted your energy, knowledge, experience and time to giving care to our fellow women; this perpetual column will attempt to cover some of the challenges that we as professionals face. Please send your article, your helpful hints and it will be put in on the next issue of Whispering Wind - I'm listening...

As a recovered clinician turned administrative staff, I appreciate what you do. Your clients have a tremendous need for healthy energy. Their spirit is wounded and s/he needs healing. Day-in and day-out you give your energy, knowledge and time this type of wounded soul. I heard you reaching out to be rejuvenated, be nurtured and mended. Yes, it is you I am concerned about. You who work in the front lines of this battle, the battle of keeping the disease of alcoholism and

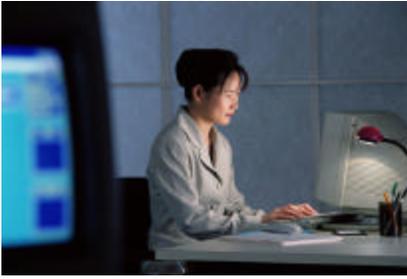
drug addiction from rubbing our future generation of children. As it is in other battles, this one has casualties too. We can become wounded healers. The battle can defeat our spirit-mind-body. Being worn out physical or emotional exhaustion from long-term stress affects our wellness, family and work. I have been there. The results can be disastrous. So, instead of caring for yourself, you put-off your rest and relaxation, the weekend getaway to your safe haven. Because you have to save another life. Remember, if you are not well or around to be able to help a brother or sister, what do you gain by ignoring what your inner self/your inner guide/spirit within you is telling you?

Take the time to walk in the desert, in the country-side, by the mountain or in the park. Listen to your body, the spirit within you as you stroll down the path. Breathe the fresh air as it recharges every cell in your body. Listen to the sounds of nature. Take time to observe the many colors and fragrances within your immediate environment. Sit in the awesome quiet, and focus on absolutely nothing but your breath. Take part in a sweat, or talking circle. May be you prefer weaving a basket or doing some beadwork. Drawing in the sands, playing a tune or singing or dancing are soothing to the our spirit too.

Make an effort to care for yourself. Get plenty of rest, daily exercise (even a light walk will do), and fresh air. Keep in contact with your positive relations/friends, and don't hide in the house. Get a checkup if you have not had one in the last year. See your medicine man/woman.

L
I
S
T
E
N
TO WHAT
THE
WIND
is
WHISPERING:
WE WANT
YOUR
ARTICLES
AND IDEAS!





Chemical Dependency Management Information System (CDMIS)

The Chemical Dependency Management Information System (CDMIS) assists alcoholism and substance abuse programs in tracking client services from their initial admission intake interview through a period of up to two years post discharge. This system tracks crisis/brief interventions and makes inquiries to programs for information, referrals, and prevention activities. It tracks overall staff qualifications, program disposition, and **funding sources**. It also captures

workload and client information. The principal method of entering data into the system is from completed CDMIS forms. Several features of this system provide **significant benefit** to all chemical dependency staff, counselors, and directors including:

- Routine and ad hoc report generation.
- Transmission of required data to Indian Health Service statistical analysis.
- **Generation of required data when seeking alternative resources for funding.**

Constantly updated information helps the providers more effectively treat each patient's problems. This system helps document client needs and provides documentation of unmet needs to help justify requests for additional resources and programs. Core data set requirements for



Chemical Dependency are quoted in the Federal Register, Thursday, January 20, 1995 Volume 59, Number 113.

Indian Health Service Mission

The mission of the Indian Health Service, in partnership with American Indian and Alaska Native people, is to raise their physical, mental, social, and spiritual health to the highest level.

Our goal is to assure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native American people.



PHOENIX AREA INDIAN HEALTH SERVICE

Alcoholism/Substance Abuse Program

Two Renaissance Square
40 N. Central Avenue, Suite 600
Phoenix, AZ 85004
Phone: 602-364-5168

"Sharing Life by Caring For It."®
B. Nayeri



APRIL 2001						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

JUNE 2001						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

BULLETIN BOARD

CDMIS TRAINING

LOCATION: PHOENIX AREA OFFICE, 6TH FLOOR
COMPUTER BRANCH TRAINING ROOM
WHEN: APRIL 12, 2001 8:30 AM TO 4:30 PM
APRIL 13, 2001 8:30 AM TO NOON

Primary Care Provider Training in Chemical Dependency
PHOENIX, AZ JUNE 4 - 7, 2001 AND TACOMA, WA AUGUST 13 - 16, 2001
(CONTACT: CHERYL BEGAY 602-364-7777)

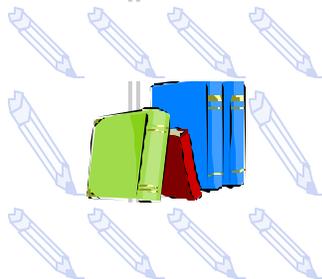
NACHC Inc.

Begins its next 8 week I.O.P. Group May 21 - July 12, 2001
Enrollment Deadline: June 8, 2001
CALL ELMER MYRON AT 602-279-5262 EXT. 242

Resources

Books...

- TAKING CHARGE OF ADHD: The Complete Authoritative Guide for Parents by Russell A. Barkley, PhD
- ADHD and the Nature of Self Control by Russell A. Barkley.
- Attention Deficit Hyperactivity Disorder by Russell A. Barkley, Kevin R. Murphy.
- Defiant Teens by Russell A. Barkley, et al.
- 33 Steps to Facing the Struggle of Extreme Behaviors
by Gail Brewster
With contributions from
Christa Brewster
- Alexander-Roberts, Colleen. *The ADHD Parenting Handbook: Practical Advice for Parents From Parents.* Taylor Publishing, 1994.
- Alexander-Roberts, Colleen. *ADHD and Teens: A Parent's Guide to Making It Through the Tough Years.* Taylor Publishing, 1995.
- Boyles, Nancy S., M.Ed. and Darlene Contadino, L.S.W. *Parenting A Child with Attention Deficit/Hyperactivity Disorder.* Lowell House, 1996.
- Canter, Lee and Marlene Canter. *Assertive Discipline For Parents.* Harper and Row, 1987.
- Canter, Lee and Lee Hausner, Ph.D. *Home-work Without Tears.* Harper and Row, 1987.
- Cline, Foster, MD and Jim Fay. *Parenting With Love and Logic: Teaching Children Responsibility.* Navpress, 1990.
- Dornbush, Marilyn and Sheryl Pruitt. *Teaching the Tiger: A Handbook for Individuals Involved in the Education of Students with Attention Deficit Disorders, Tourette Syndrome, or Obsessive-Compulsive Disorders.* Hope Press (California), 1995.
 - Johnson, Dorothy Davis, M.D., FAAP. *I Can't Sit Still: Educating and Affirming Inattentive and Hyperactive Children.* ETR Associates, 1993.



RESOURCES

ADHD Resources

CH.A.D.D.

<http://www.chadd.org/>
800-233-4050

Chapters: Phoenix 602-706-5162
Kim Flessor, Coordinator
Tucson 520-744-9493
Nancy Hanley, Coordinator

Voucher System

[Http://www.happy-kids.com/index.html](http://www.happy-kids.com/index.html)

ADD Support

[Http://www0.delphi.com/add/index.html](http://www0.delphi.com/add/index.html)

Raising Special Kids

Phoenix, AZ
(602) 242-4366 or 1-800-237-3007

Universal Attention Disorders, Inc.

Test Of Variables of Attention (T.O.V.A.)
800-PAY-ATTN (729-2886)